

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	<i>70385</i>	
O.I.P.E. CLASSIFIER		<i>5</i>	<i>3/12/99</i>
FORMALITY REVIEW		<i>71090</i>	<i>3/17/99</i>

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

☒ ..... Rejected      N ..... Non-elected  
☐ ..... Allowed      I ..... Interference  
☐ (Through numeral)... Canceled      A ..... Appeal  
☐ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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